

D.I. # _____

CIVIL ACTION

NUMBER: 06CY 472 Gms

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

2449 697 4000 0297 5002 7005 1820 0004 3169 6442

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$ 420
Certified Fee	240
Return Receipt Fee (Endorsement Required)	185
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 845
Sent To: WARDEN TOM CARROLL 06-472 Gms	
DELAWARE CORRECTIONAL CENTER	
Street, Apt. No. or PO Box No. 181 PADDOCK RD.	
City, State, ZIP+4® SMYRNA, DE 19977	

PS Form 3800, June 2002 See Reverse for Instructions